

Adolescent-Friendly Health Services in Rwanda

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Access to adolescent-friendly services in Rwanda:

Access to sexual and reproductive health (SRH) services forms a crucial building block of health systems. Poor access to SRH services can result in early and unintended pregnancies, maternal mortality, HIV and sexually transmitted infections (STIs), as well as complications from untreated STIs, such as pelvic inflammation, specific types of cancer, and pregnancy and fertility issues. A health system is well equipped to provide SRH commodities and services when people are enabled to decide on pregnancy, to have a healthy pregnancy and safe childbirth, to protect themselves against STIs and HIV/AIDS, and are properly treated in a timely manner if transmission occurs. For a thriving society, it is also crucial that adolescents, a group often faced with additional challenges in accessing services, can access the adolescent-friendly services in Rwanda that they need to live healthy lives and protect themselves against key health risks.

Unfortunately, Rwanda experiences many challenges with the adequate provision of adolescent-friendly SRH (AFSRH) services. This research was conducted to study the provision of AFSRH services and attitudes of healthcare workers in Gasabo, Gatsibo, Nyagatare and Nyarungenge districts in Rwanda.

Recommendations:

Opening hours

Issue of opening hours largely affects provision of adolescent-friendly services in Rwanda. This study found that 58% of surveyed facilities are not open during the evening or the weekend. Hence, provision of services is limited, especially for adolescents who go to school during the day. To improve access to AFSRH services, the government should improve efficiency and effectiveness at the health facilities, youth-friendly corners and youth-friendly centers:

- Increasing the opening hours in the evening, and opening the health facilities, youth-friendly corners and youth-friendly centers for specified hours during the weekend.

Age-appropriate healthcare workers

This study has shown that only 20% of health facilities had staff of 25 years of age or younger available to offer AFSRH services. There is thus a lack of healthcare workers with the age variable able to facilitate the needs of adolescents seeking these services. Adolescents often face issues with opening up about their need for services.

- Talking to healthcare workers that are close in age who can help guide them on provision of these services without discrimination or humiliation, can help remove this barrier.
- There is therefore a need for meaningful involvement of adolescents in the design and implementation of SRH programmes within health facilities, and youth-friendly centres and corners.
- There is also a need to strengthen the peer education system for adolescents, whereby Adolescent Peer Educators can be fully empowered and are able to provide qualitative and adolescent-friendly SRH services and commodities to their fellow peers, without stigma and discrimination.

Costs of care

In this study, it was shown that affordability of SRH services was believed to be a problem for adolescents. This was especially the case in the private and faith-based sectors.

- The government and development partners should improve the supply chain of commodities, including for contraceptives at the health centre level.
- Special focus should be put on the youth-friendly corners and centres to ensure costs for adolescents are not the reason why they are not accessing services.

Dedicated staff

While 85% of public sector health facilities and 83% of faith-based health facilities had dedicated staff offering AFSRH services, in the private sector this was only the case in 38% of health facilities.

- This poses a huge threat to the provision of AFSRH services because there is a need for staff who are dedicated to assist adolescents and who are assigned specifically to aid in the SRH service provision to adolescents to ensure the best possible care.
- Again, there is a need to strengthen the peer education system for adolescents, whereby Adolescent Peer Educators can be fully empowered and are able to provide qualitative and adolescent-friendly SRH services and commodities to their fellow peers, without stigma and discrimination.

Adolescent-friendly spaces and materials

This study showed that there is a poor utilisation or lack of AFSRH spaces and materials, specifically in private facilities. A private examination was for example present in 63% of private health facilities, and education materials targeted at adolescents were available at only 9%. To tackle this, the government, in collaboration with the private sector, should:

- Strengthen the capacity of healthcare workers through training and mentorship on adolescent-friendly, gender- and disability-inclusive SRH service provision;
- Conduct mass media interventions for awareness creation and demand generation for SRH services and contraceptives among adolescents;
- Equip health facilities, and youth-friendly corners and centres with up-to-date IEC materials on SRH.

Post-rape and abortion care

In Rwanda, post-rape care (offered by 23% of facilities), abortion care (offered by 12% of facilities) and post-abortion care (offered by 32% of facilities) are services that are lagging behind. For instance, there is a lack psychosocial support and counselling, post-rape kits are

not provided, and there is a lack of knowledge and guidance on legal procedures to follow. The following steps should be taken to improve these services:

- Conduct awareness-raising campaigns among adolescents, the community and healthcare workers regarding the existing laws or policies that stipulate the provision of post-rape and safe abortion services;
- Advocate for the development and dissemination of guidelines for the counselling of victims of rape and violence to all health facilities, and youth-friendly corners and centres.